



CG-3 SINGLE EVENT LICENSE APPLICATION

State Form 45382 (R3/8-06)

INDIANA GAMING COMMISSION

For Official Use Only

License Fee Paid _____

Date Received _____

Reviewed By _____

Date Reviewed _____

Date Keyed _____

INSTRUCTIONS: Please enclose license fee.

Check only one box per application:

- ☐ Special Bingo License ☐ Charity Game Night License ☐ Raffle License ☐ Annual Door Prize License* ☐ Annual Raffle
☐ Festival License ☐ Door Prize License ☐ Calendar Raffle* ☐ Water Raffle License

*(You must attach a calendar or a list of drawing days.)

1. Name of Organization (please type or print)

2. Taxpayer Identification Number (TID)

3. Previous Name of Organization (if name changed)

4. Federal Identification Number (FID)

5. DBA (Doing Business As) Name

6. Contact Person

Contact Person's Phone Number

7. Street Address of Principal Office (as it appears on the Charity Gaming Qualification Application, Form CG-1)

City State Zip Code County Daytime Telephone Number () Office Business Hours

8. On what date(s) and during what hours will your special event be conducted? (a.m. establishes the midnight hour, p.m. establishes the noon hour.) (Except festivals, sessions can run no more than 8 consecutive hours.)

Date _____ Hours _____ M to _____ M

Festivals Only:

Date _____ Hours _____ M to _____ M

Date _____ Hours _____ M to _____ M

Date _____ Hours _____ M to _____ M

Date _____ Hours _____ M to _____ M

Calendar Raffles or Annual Door Prize Only:

First Drawing Date: _____

Last Drawing Date: _____

Drawing Hours: _____ M to _____ M

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9. Street address of the facility where the gaming event will be conducted.

OR, on what body of water are you going to hold a water raffle event?

City State Zip Code County Daytime Telephone Number ()

Lessee/Ownership

INSTRUCTIONS: Attach additional sheets, if necessary, to supply all information for each line.

10. Does your organization own _____, lease (rent) _____, or use a donated _____ facility where the licensed event will be conducted? (Check one)

If leased (rented), enter name and address of lessor **and** attach a copy of your signed lease agreement.

If donated, attach a notarized statement from the donor that the facility is being offered rent free.

NOTE: Check this box ☐ if the rented facility is being used for an annual convention or other yearly meeting of your organization's (or your affiliate's) membership.

Name of Lessor (Full legal name)

Address

City State Zip Code County Daytime Telephone Number ()

11. Does your organization own, lease (rent), or use donated bingo equipment, or any other equipment used to conduct a raffle, door prize drawing, charity game night, or festival event?

Own _____ Lease (Rent) _____ Donated _____

If you own, list the distribution/manufacture's name, date of purchase, purchase price and type of equipment purchased.

If you lease/rent or used donated equipment, provide information below on the distributor/manufacture where equipment will be obtained.

If equipment is leased or donated, attach a signed copy of the lease agreement or donation statement.

Name of Distributor/ Manufacturer/Supplier	Date of Purchase	Purchase Price	Equipment Type
		\$	
		\$	

Operator Information

12. Please list two (2) or more operators who will supervise, manage, and be responsible for the operation and conduct of the gaming event. Attach additional sheets if necessary. Please type or print.

Name	Home Address Street, City, State, Zip Code	Driver's License or State I.D.	Date of Birth	Daytime Telephone Number	Years of Membership with This Organization	Member	Bartender
				()			
				()			
				()			
				()			
				()			

13. Please list the name from above of the **principal person** in your organization who has overall responsibility for the operation and control of this charity gaming event. Please type or print. **X** _____

14. Are any of the operators listed above also operators for **any other organization's** charitable gaming events? Yes ☐ No ☐

If you answered "Yes" attach a list of each individual's name, name of organization, and the month(s) that they will operate other gaming events. Attach additional sheets if necessary.

Worker Information

15. List all individuals (*excluding operator information above*) who will assist and work in the operation of the licensed event. Attach additional sheets if necessary. Please type or print.

Name	Home Address Street, City, State, Zip Code	Driver's License or State I.D.	Date of Birth	Daytime Telephone Number	Years of Membership with This Organization
				()	
				()	
				()	

16. Have any operators/workers listed above or on any additional sheets been convicted of a felony in any jurisdiction?

Yes ☐ No ☐ (*If you answered "Yes" list each name and date of conviction.*)

Gross Retail Sales Information

17. Will you be conducting any type of sales during the licensed event? (*Check one*) Yes* ☐ No ☐
 (Example: concessions, daubers, snacks, etc.)
 *If you answered "Yes" complete the following information. If the seller is required to have a Retail Merchant Certificate, enter that number in the box provided

Name of organization offering the sales	Retail Merchant Certificate Number
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18. Which of the following will your organization be receiving? (*Check one*)

☐ All of the sales income ☐ A flat fee sales payment
☐ A percentage of the sales income ☐ Other (*explain*) _____

Game and Prize Information

19. Answer the following for all gaming events:

Will your organization be conducting a door prize drawing during this event? Yes ☐ No ☐

Will your organization be selling pull tabs, punchboards and/or tip boards at this event? Yes ☐ No ☐

Note: A Calendar Raffle and Annual Door Prize license does not authorize the sale of pull tabs, punchboards or tip boards.

20. Answer the following for FESTIVAL EVENTS:

Will your organization be conducting card, dice and/or wheel games at this event? Yes ☐ No ☐

Will your organization be conducting a raffle during this event? (*one day only*) indicate the date ____/____/____ Yes ☐ No ☐

You may request special permission to increase certain prize limitations at this festival or special bingo event.

☐ Check this box **only** if you wish to increase the total bingo prize limitation for **the special bingo event(s) at this festival** from \$6,000 up to \$10,000 for the entire event. **Note:** You may increase your bingo prize limitation only two (2) times a year for all charity events.

Please list the exact date(s) from those listed on page 1,
if you wish to increase this bingo prize limitation.

☐ Check this box **only** if you wish to increase the total door prize limitation for **this festival license or door prize license** from \$5,000 up to \$20,000 for the entire event. **Note:** You may increase your door prize limitation only one (1) time a year for all door prize events.
Limitation on door prize drawings at all other events is \$1,500.00 and cannot be increased.

Please list the exact date(s) from those listed on page 1,
if you wish to increase this bingo prize limitation.

21. Answer the following for RAFFLE EVENTS:

Check a box below **only** if you are requesting special permission to:

☐ Hold this raffle at a licensed bingo event ☐ Hold this raffle at a licensed Charity Game Night event.

22. Answer the following for Charity Game Nights and special bingo events:

Are you going to have a raffle at the event? Yes ☐ No ☐

If yes, you need to complete an additional CG-3 and pay an applicable fee. Yes ☐ No ☐

Note: You may hold a raffle event only one time a year at a licensed bingo event, and only one time a year at a licensed Charity Game Night event.

Check this box **only** if you are requesting special permission to:

☐ Increase the total raffle prize limitation for this raffle license up to \$25,000.*

***Note:** The prize limitation on the raffle drawings when held at either a special bingo or Charity Game Night event is \$5,000. With special permission from the Commission, this prize limitation may be increased up to \$25,000 **one** time a year.

23. Answer the following for CALENDAR RAFFLE EVENTS, ANNUAL DOOR PRIZE EVENTS, OR ANNUAL RAFFLE EVENTS:

Has your organization attached a calendar list of dates on which you plan to conduct drawings? Yes ☐ No* ☐

The drawing hours listed on Page 1 must be for a period of eight hours or less. Are your drawings being held during those hours? Yes ☐ No* ☐

*No license will be issued if you answered **No** to the previous two questions.

Note: Your calendar can not exceed a twelve-month period.

Manufacturer and Distributor Information

24. List the manufacturer(s) and/or distributor(s) from whom you currently intend to obtain bingo supplies, pull tabs, punchboards, or tip boards. Attach additional sheets if necessary.

Name	Address	City	State	Zip Code	Items
Name	Address	City	State	Zip Code	Items

Financial Information

25. Where will the charity gaming financial records be maintained?

Address		
City	State	Zip Code

26. Name, address, and telephone number of the person maintaining these records. *(The person maintaining these records must be listed as an operator on Page 1.)*

Name			
Address			
City	State	Zip Code	Daytime Telephone Number ()

27. Note: All net proceeds from an allowable event and related activities may only be used for the lawful purposes of the qualified organization. (I.C. 4-32.2-5-3)

Organization's Banking Information *(Attach additional sheets if necessary.)*

Name of Bank		
Street Address		
City	State	Zip Code
Name of Account	Account Number	Type of Account (checking, savings, CD)
Name of Gaming Account	Account Number	Type of Account (checking, savings, CD)

License Fee Information

28. The license fee for your first Event License of this type (i.e., Door Prize, Special Bingo, Raffle...) is \$50.00. All subsequent license fees will be based on the gross receipts from the **last event of the same type**. You will find this license fee amount on the back page of the Indiana Charity Gaming Single Event Financial Report, Form CG-9. The fee should be paid by check drawn from your **separate and segregated Charity Gaming checking account**. Make your check payable to: **Indiana Gaming Commission**. Do not send cash.

Certification

29. We certify under penalty of perjury that the organization applying is a qualified organization, and there are no misrepresentations or falsifications in the information stated. We understand false or misleading statements will cause rejection of this application or revocation of future license(s).

Signature of Officer	Officer's County of Residence	Telephone No.	Date
Signature of Officer	Officer's County of Residence	Telephone No.	Date

Send this application and appropriate fee to:
 Indiana Gaming Commission, Charity Gaming Division
 115 W. Washington St., Suite 950
 Indianapolis, IN 46204 Phone: (317) 232-4646